



Golden Life Settlements
 3201 Nottingham Dr.
 McKinney, Tx. 75070
 Email- Inquiry@GoldenLifeSettlements.com

D/FW 972-529-9807
 Toll Free 866-333-8975
 Fax 972-325-1655

Texas Life Settlement Application

(Strictly Confidential Insurance Information)

Personal Data of the Insured:

Name of Insured: _____ Sex: Male Female

Date of Birth: ____-____-____ Social Security#: ____-____-____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: Day: ____-____-____ Eve.: ____-____-____

Email Address: _____

Marital Status: Married Divorced Single Widowed Separated

Are you a United States citizen? Yes No

If divorced, did the divorce occur after the policy issue date? Yes No

Dependent Children? Yes No

Have you been or are you now a party to bankruptcy? Yes No

Are you the defendant in any legal suits or legal action? Yes No

If policy owner is different than the insured listed above:

Name of policy owner: _____ Social Security # or Tax Id number _____

Name of Trustee: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: Day: ____-____-____ Eve.: ____-____-____

Email Address: _____

Are you a United States citizen? Yes No

If divorced, did the divorce occur after the policy issue date? Yes No

Dependent Children? Yes No
Have you been or are you now a party to bankruptcy? Yes No
Are you the defendant in any legal suits or legal action? Yes No

Life Insurance Policy Information

Name of Insurance Company: _____

Policy Type: Whole Life Universal Life Group Term Other: _____

Policy Number: _____ Date Policy was Issued: _____

Face Amount: _____ Premium Amount: _____

How often is Premium Paid? Monthly Quarterly Semi Annually Annually

When was the last premium paid? _____ When is the next premium due? _____

Cash value of the policy, if any: _____

Are there any outstanding loans against this policy? _____

Beneficiary(ies):

Name: _____ Relationship to Owner: _____

Name: _____ Relationship to Owner: _____

Name: _____ Relationship to Owner: _____

Medical History – Please give a brief description of your medical condition

First Insured: _____

Second Insured: _____

Primary Physician: _____ Telephone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Specialist: _____ Telephone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Specialist: _____ Telephone #: _____

Address: _____

City: _____ State: _____ Zip: _____

For additional policy and/or physician information, please provide a supplementary page

Information required to obtain an offer:

Copy of the original life insurance policy.

Current in force illustration.

Medical records for the last 5 years, including family history (Golden Life Settlements can assist in obtaining medical records with your authorization and assistance).

Authorizations to release policy information and medical records - See Release Forms Below.

If policy owner has ever been bankrupt, include a copy of the bankruptcy discharge.

If policy owner has ever been divorced, include a copy of the divorce decree.

If the policy has been transferred include transfer documentation.

If policy owner is a trust, include a copy of the trust or Articles of Organization for a company.

Signature/s:

Signature of Policy Owner: _____

Printed Name: _____ Date: _____

Signature of Joint Policy Owner, if applicable: _____

Printed Name: _____ Date: _____



Golden Life Settlements
3201 Nottingham Dr.
McKinney, Tx. 75070
Email- Inquiry@GoldenLifeSettlements.com

D/FW 972-529-9807
Toll Free 866-333-8975
Fax 972-325-1655

Authorization for the Release of Life Insurance Policy Information (Strictly Confidential Insurance Information)

Policy Owner: _____

Life Insurance Company: _____

Policy Number: _____

Insured: _____

I hereby authorize the above-referenced life insurance company and/or any other entity or person that has information related to the above-referenced life insurance policy, to release such information to and reply immediately to any written, telephone or other request for information or documents required by **Golden Life Settlements**, including, but not limited to the following:

- A fully-completed Verification of Coverage (VOC) form;
- A complete copy of the above-referenced life insurance policy, including the application (and also including the master policy and employee certificate for group policies);
- Policy Illustrations;
- Change of ownership forms, change of beneficiary forms, collateral assignment forms, absolute assignment forms and any other requested form; and
- Premium and Annual Statement information.

I understand that this Authorization for the Release of Life Insurance Policy Information will be used to gather information about the above-referenced life insurance policy to conduct and complete the evaluation, transfer, assignment, sale and/or resale of the above-referenced life insurance policy. I agree that this Authorization for the Release of Life Insurance Policy Information shall remain valid and in force for twenty-four (24) months from the date hereof absent any provisions of any applicable state statute or regulation to the contrary, in which event it shall remain valid for the maximum period permitted thereunder and that a photocopy or facsimile of this document is as valid as the original. The viator, life settlor or owner has the right to withdraw consent pursuant to applicable law. This document may be signed in counterparts.

Signature of Policy Owner: _____

Printed Name: _____ Date: _____

Social Security # or Tax ID #: _____



Golden Life Settlements
3201 Nottingham Dr.
McKinney, Tx. 75070
Email- Inquiry@GoldenLifeSettlements.com

D/FW 972-529-9807
Toll Free 866-333-8975
Fax 972-325-1655

Authorization to Release Medical Information (HIPAA Compliant) (Strictly Confidential Insurance Information)

Patient's (Insured's) Name: _____

Date of Birth: _____ - _____ - _____ Social Security #: _____ - _____ - _____

I, the undersigned, hereby authorize the disclosure of my protected health information as follows:

A. Classes of Persons Authorized to Disclose My Protected Health Information: I authorize any physician, medical practitioner, physician practice group, hospital or medical related facility, health care provider or other institution or person(s) having any records, charts, X-rays, laboratory work or similar information regarding my health ("Authorized Discloser"), to release and disclose such information ("Protected Health Information") as provided in this authorization. I authorize each Authorized Discloser to rely upon a photographic or facsimile copy or other reproduction of this document.

B. Persons Authorized to Receive My Protected Health Information: I authorize my Protected Health Information to be released and disclosed by each Authorized Discloser under this authorization to **Golden Life Settlements** (the "Authorized Recipient").

C. Description of Protected Health Information Authorized for Disclosure and the Purpose for such Disclosure: This authorization shall apply to any and all of my health and medical records and information, whether or not personally identifiable or protected under any federal or state confidentiality or privacy laws or regulations, including, but not limited to, the following:

- Physician's/nurse's notes;
- Examination summaries;
- Reports and Orders;
- Medication and Prescription Drug records;
- Radiology, pathology and other laboratory or test reports; and
- Other information/documentation included in a medical file.

This authorization and all disclosures of my Protected Health Information made pursuant to this authorization are for the purposes of allowing the Authorized Recipient (1) to evaluate or cause an evaluation to be prepared of my life expectancy based upon my health and medical status and condition in connection with the possible sale of this life insurance policy under which my life is insured and (2) to verify, track and monitor my health and medical status and condition in connection with this life insurance policy under which my life is insured and which is sold.

D. Expiration of Authorization: I agree that this authorization shall remain valid for twenty-four (24)

months from the date thereof absent any provisions of any applicable state statute or regulation to the contrary, in which event it shall remain valid for the maximum period permitted there under and that a photographic copy or facsimile of this Authorization shall be valid as the original.

E. Right to Revoke Authorization: I acknowledge and understand that I have the right to withdraw consent pursuant to applicable law and may revoke this authorization any time with respect to any Authorized Discloser and **Golden Life Settlements** (the "Authorized Recipient") by notifying such Authorized Discloser and **Golden Life Settlements** (the "Authorized Recipient") of my revocation of this authorization in writing and delivering my revocation by mail or personal delivery at such address designated by such Authorized Discloser and **Golden Life Settlements** (the "Authorized Recipient") provided that any revocation of this authorization shall not apply to the extent that the Authorized Discloser or **Golden Life Settlements** (the "Authorized Recipient") has taken action in reliance upon this authorization prior to receiving notice of my revocation or if this authorization was obtained.

I acknowledge and understand that this authorization is not a consent or an authorization requested by a health care provider, health care clearinghouse or health plan covered by the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (the "HIPAA Privacy Regulations"). I further understand that, as a result of this authorization, my Protected Health Information disclosed by any Authorized Discloser to the Authorized Recipient may be redisclosed by the Authorized Recipient and that my Protected Health Information that is disclosed to the Authorized Recipient may no longer be protected by the HIPAA Privacy Regulations.

I understand that this release form may be used to track on-going health status, and that the viator, life settlor or owner has the right to withdraw consent pursuant to applicable law.

I certify that I am executing and delivering this authorization freely, voluntarily and unilaterally as of the date written below. I further certify that I understand this authorization written in plain language and that I have retained a copy of this signed authorization for future reference.

Signature of Patient(Insured): _____

Printed Name of Patient(Insured): _____ Date: _____



Golden Life Settlements
3201 Nottingham Dr.
McKinney, Tx. 75070
Email- Inquiry@GoldenLifeSettlements.com

D/FW 972-529-9807
Toll Free 866-333-8975
Fax 972-325-1655

Required Notice **Important Information You Need to Know Before Entering Into a Life Settlement**

What are life settlements?

A life settlement is the sale of a life insurance policy or certificate (hereafter referred to as policy) issued on the life of a person, who does not have a catastrophic or life-threatening illness or condition that is likely to result in death within 24 months, for a dollar amount that is less than the policy's face value. The person who is insured under the policy is called a life settlor. This person may or may not be the owner of the policy. Only the owner of the policy has the right to sell the policy. If you do not own the policy, the owner cannot sell the policy without your consent. The entity that buys the policy is called a life settlement provider (hereafter referred to as provider) and must have a registration from the Texas Department of Insurance (hereafter referred to as TDI). Additionally, there are persons called brokers or provider representatives, who help with the sale of the policy. The provider representative or broker must also have a registration from TDI. A life settlement offers you the opportunity to receive a portion of your policy's death benefit while you are still alive.

How do life settlements work?

Most providers, provider representatives, or brokers will ask you to complete an application and medical release forms so that they can gather information from your life insurance company and your doctors. All information gathered must be kept confidential and cannot be given to anyone without your written approval. If you qualify, the provider will make you an offer for your policy. The amount offered for your policy will be based on facts such as how long you are expected to live, the amount you pay for premiums, the rating of your insurance company, and your policy's provisions (e.g., a waiver of premium). If you accept the offer, you will be asked to sign a life settlement contract.

Do I have to sell all of my policy?

No. You can sell all of your policy or you can sell only a part of your policy. If you sell only a part, you will be required to assign or transfer only the part being sold. If you sell the entire policy, the provider will become the new owner of the policy.

Is there a difference between a broker and a provider representative?

Yes. Although both a broker and a provider representative will help you with the sale of your policy, there are important differences between them. A broker works for you. A broker will check with several providers to find the best offer for you. A provider representative works for a provider. A provider representative will only check with the provider that he or she works with to get you their offer. If you use someone to help with the sale of your policy, you may want to ask whether they are a broker or a provider representative.

Is the provider, provider representative, or broker required to keep my information confidential?

Yes, any financial, medical, or personal information obtained by a provider, provider representative, or broker about you, including your family members, a spouse, or a significant other, may not be shared with anyone unless you have given written approval that the information may be shared. Any written approval for the sharing of this information must show who may get the information and why it will be released.

If I enter a life settlement contract, when will I get my money and who from?

The answer to this question depends on how the provider runs its business. Some providers use an escrow agent or trustee to handle the money that will be paid to you. If an escrow agent or trustee is used, the escrow agent or trustee will send you the money within three business days of the date the insurance company confirms to the provider that the transfer of ownership has been completed. If an escrow agent or trustee is not used, the provider will send you the money within three business days from the date you signed both the contract and the papers needed to transfer or assign your policy to them.

What if I change my mind?

If you change your mind about selling your policy, you can cancel the life settlement contract at any time up to the 15th day after you receive the money from the provider. To cancel the life settlement contract, you will have to return any money the provider paid to you for the purchase of your policy along with any premiums the provider paid to keep the policy in force. If you change your mind, remember to arrange with the provider to have the insurance company transfer the ownership of the policy back to you.

What if I die shortly after selling my policy?

If you die at any time up to the 15th day after you receive the money from the provider, the settlement contract will automatically cancel. The provider will pay the owner of your policy or beneficiaries designated by the owner in the life settlement contract any proceeds it receives from your policy, minus any money it already paid for the purchase of your policy and any premiums it paid to the insurance company to keep your policy current. The insurance company or the provider should refund any unearned premiums paid.

What happens after I get my money?

After the provider has paid the owner for the sale of the policy, they may begin calling to check on the health status of the life settlor.

What if I don't want to be contacted about my health status?

If you do not want to be contacted about your health status, you may appoint an adult person or persons to be contacted on your behalf. That person must be in regular contact with you and you must give the provider their name, address and phone number. Once you give the provider this information, they may not contact you unless they have tried and have not been able to reach your contact person for more than 30 days. If you need to, you can change your contact person at any time by sending a written notice to the provider.

How will I know who will be calling me or my contact person about my health status and how often can they call?

The provider must give you the name, address, and phone number of the person who will be contacting you or your contact person(s) about your health status. If your life is expected to end in one year or less, contacts to check on your health status are limited to once every 30 days. If you are expected to live for more than one year, contact is limited to once every three months.

Will the provider be calling my doctor to check on my health status?

Some providers will use your signed medical release form to check with your doctor for updates on your health status. The medical release form tells your doctor that you want your doctor to give your medical information to the provider, their broker, or provider representative. If you decide you do not want the provider to contact your doctor, you have the right to withdraw your medical consent in accordance with law.

Does anyone make money or commissions from the sale of my policy?

You have the right to ask for and receive the names of all the people who have or will receive some type of payment from the sale of your policy, along with the amount and terms of the payment. You may ask for this information at any time.

How will I know if my policy includes extra coverages like accidental death, future increases in the death benefit, or covers other family members? Do these affect my settlement?

Some policies contain extra coverages. You may want to contact your insurance company or agent to see if your policy contains a provision or rider providing extra coverages. If your policy includes a benefit for accidental death, the additional death benefit may not be included as part of your settlement. The additional death benefit will remain payable to your beneficiaries or your estate. If your policy provides future increases in the death benefit, you may want to ask how much the provider is paying you for the purchase of this benefit. If your policy is a joint policy, or provides coverage on the lives of other family members or anyone other than yourself, there may be a possible loss of coverage.

Are there other options available besides selling my policy?

Your insurance company may offer options, such as accelerated death benefits, loans, and surrender of the policy for its cash value. Before entering into a life settlement, you should contact your insurance company or agent to see what options are available.

What other things should I know about a life settlement contract?

Some things that may be affected if you enter a life settlement are:

- there may be a loss of life insurance coverage on your spouse or other family members, if the policy (or any riders attached to it) covers their lives;
- the amount of premiums you pay;
- policy cash values or dividends, if provided for in the policy;
- a loss of other rights or benefits, including conversion rights and waiver of premium benefits that may exist under the policy;
- you may incur tax consequences;
- your ability to receive supplemental social security income, public assistance, and public medical services including Medicaid; and
- the money you receive for your life settlement could be taken away from you by creditors, personal representatives, trustees in bankruptcy, and receivers in state or federal court. Because of the above, you should contact an attorney, accountant, estate planner, financial planning advisor, tax advisor, social services agency, your insurance company, or agent, as applicable, to find out what effect selling your policy will have on you.

What if I have a complaint?

You may file a complaint with the Texas Department of Insurance, Consumer Protection, Mail Code 111-1A, P. O. Box 149091, Austin, Texas 78714-9091; or by calling the Consumer Help Line between 8 a.m. and 5 p.m., Central time, Monday-Friday at 1-800-252-3439; by faxing a complaint to TDI at 1-512-475-1771; by completing a complaint on-line at www.tdi.state.tx.us; or by e-mailing a complaint to ConsumerProtection@tdi.state.tx.us.



Golden Life Settlements
3201 Nottingham Dr.
McKinney, Tx. 75070
Email- Inquiry@GoldenLifeSettlements.com

D/FW 972-529-9807
Toll Free 866-333-8975
Fax 972-325-1655

BROKER OF RECORD LETTER

I appoint **Golden Life Settlements** to be the exclusive Broker of Record on the policy listed below.

Policy Owner: _____

Life Insurance Company: _____

Policy Number: _____

Face amount: _____

I authorize and name **Golden Life Settlements** as the exclusive Life Settlement Broker to handle the valuation and brokerage of this policy. This enables **Golden Life Settlements** the ability to generate any and all potential offers from qualified Life Settlement Providers.

Signatures:

Signature of Policy Owner: _____

Printed Name: _____ Date: _____

Social Security # or Tax ID #: _____

Signature of Broker of Record: _____

Printed Name: _____ Date: _____